

Submit Claim To:
City Clerk
City of Oxnard
305 West Third Street
Oxnard, CA 93030

**CLAIM FOR DAMAGES
TO PERSON OR PROPERTY
TO THE CITY OF OXNARD**

RESERVED FOR
FILING STAMP

2013 APR 15 P 1:21

INSTRUCTIONS

- Read and complete this form in full before submitting to the City Clerk.
- A claim relating to damage or injury to person, personal property or growing crops, or death must be filed within six months of the event.
- A claim relating to any other damage or injury must be filed within one year of the event.
- Diagram the scene of an event on page 2.
- Attach separate sheets, if necessary, to give full details of the event.
- This form must be signed on page 2 and on any separate sheets.
- The City Clerk office staff cannot assist in completing this form.

Name of Claimant:
CHRISTINA AERENLUND

Date of Birth:

Home Address of Claimant:

City, State & Zip Code

Home Telephone Number:

Business Address of Claimant:

City, State & Zip Code

Business Telephone Number:

300 W. THIRD STREET, OXNARD, CA 93031

☐ I prefer that the claims adjuster communicate with me in Spanish

State the address to which you desire notices or communications to be sent regarding this claim (if different than above):

State when, where and how the damage or injury which gives rise to this claim occurred:

DATE: 13-AUGUST-2010 to date

TIME:

LOCATION: OXNARD CITY HALL ANNEX, 300 W. THIRD STREET, OXNARD, CA 93030

CIRCUMSTANCES: I incurred legal fees in connection with the Ventura County District Attorney's Public Integrity Investigation of Oxnard City Officials

Describe the particular act or omission by the City or any of its employees which you allege caused the injury or damage:

SEE ATTACHMENT

State the names of City employees allegedly causing the injury or damage:

SEE ATTACHMENT

State the indebtedness, obligation, injury, damage, or loss allegedly resulting from this event:

SEE ATTACHMENT

State the amount claimant claims on account of each item of injury, damage, or loss, including prospective injury, damage, or loss as of the date of presentation of this claim, giving the basis of computation:

SEE ATTACHMENT

List all insurance payments received by claimant, and the name of any insurance company making a payment:

N/A

List all of claimant's expenditures made on account of the injury, damage or loss, with date received and description of each item:

SEE ATTACHMENT

State the name(s) and address(es) of witnesses and medical providers:

N/A

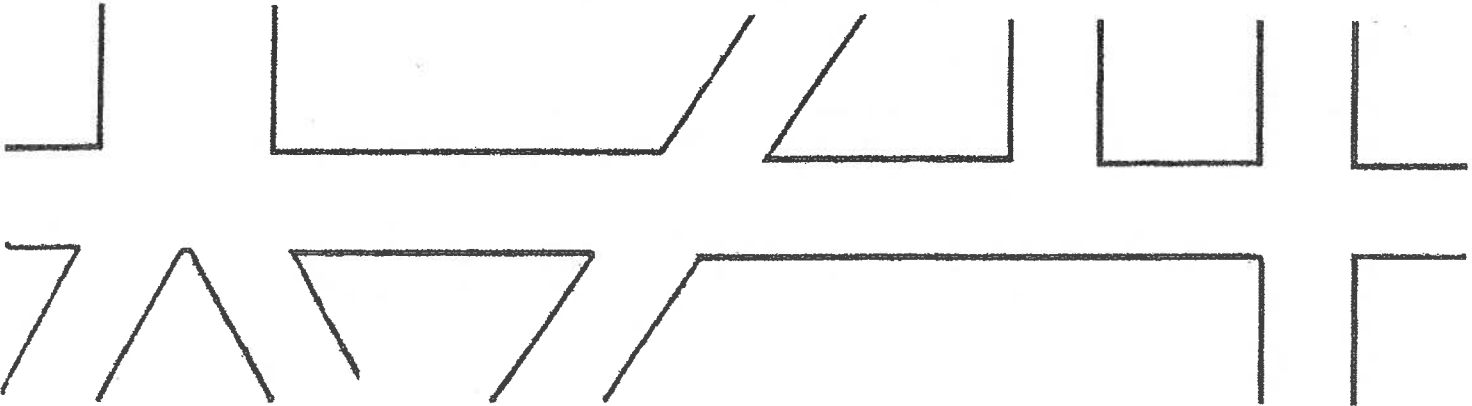
PLEASE READ CAREFULLY

For all claims, complete one of the diagrams below with the following:

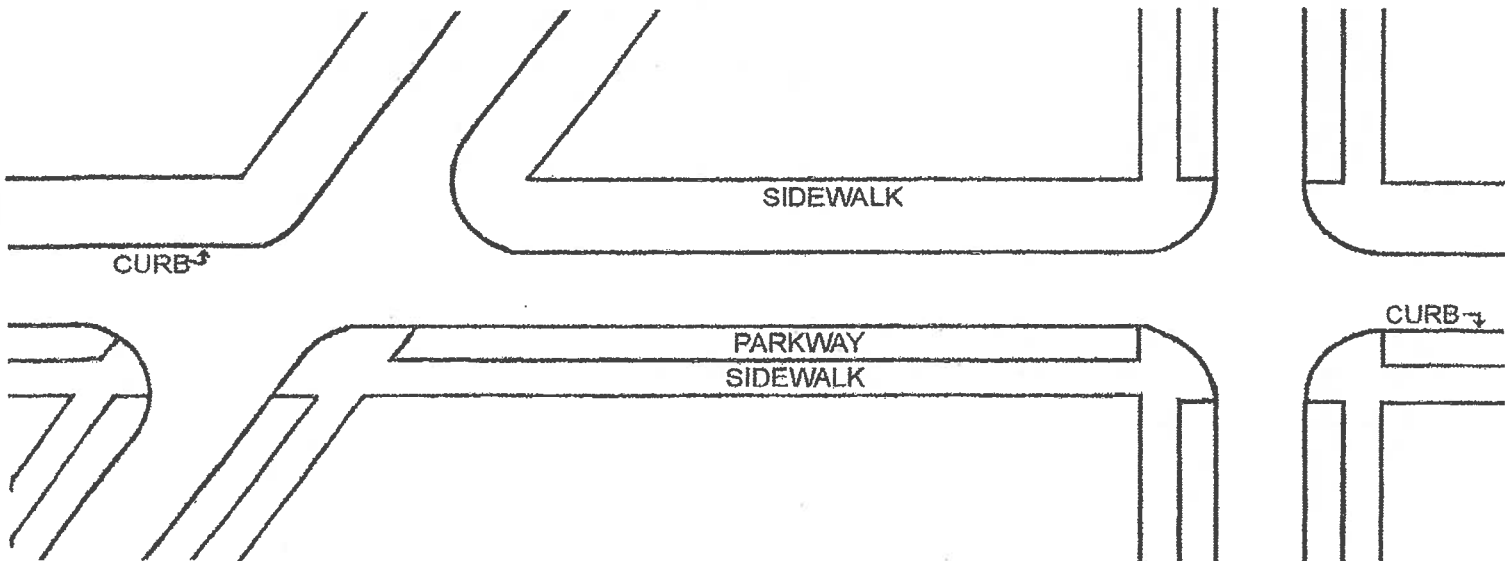
- Street names, including north, east, south and west designations, and house numbers or distance to corner.
- Mark the diagram with the letter "X" to show where the event occurred.
- If a City vehicle was involved, mark the diagram with the letter "A" for the location of the City vehicle where claimant first saw it, and the letter "B" for claimant's location when claimant first saw the City vehicle. Use "A-1" for the location of the City vehicle at the time of the event, and "B-1" for claimant's location at the time of the event.

NOTE: If the diagrams below are not appropriate to describe the incident, please attach a diagram signed by the claimant.

EVENTS INVOLVING MOTOR VEHICLES



OTHER EVENTS



Signature of claimant or person filing on claimant's behalf:

Print or type name of person signing this claim:

Date:

Relationship to claimant:

CHRISTINA AERENLUND

13-APRIL-2013

2013 APR 15 P 1:21

Describe the particular act or omission by the City or any of its employees which you allege caused the injury or damage:

Per Labor Code section 2802 and Government Code section 995.9 I have the right to retain legal counsel to represent me in legal proceedings. When I was called to testify before the Grand Jury, Mr. Alan Holmberg, the City Attorney advised me that were I accept legal counsel retained by the City for this purpose, that I should understand that were there any reason for such counsel to believe that "The City's" interest were in conflict with mine, their representation would cease and I should find my own counsel. This circumstance caused me to believe that neither Mr. Holmberg, nor "The City", whomsoever that might be, would not be working in my best interest nor would I receive the best possible legal protection if I required it.

On September 1, 2012, I retained an attorney. Later my attorney reported he received no response after repeated attempts to contact Mr. Holmberg on the matter of my subpoena to appear before the Grand Jury.

Describe the particular act or omission by the City or any of its employees which you allege caused the injury or damage:

I submitted an invoice and copy of my cashier's check for the amount of \$5000 to Alan Holmberg, City Attorney in late September requesting reimbursement. Attached is a memorandum from Mr. Holmberg dated September 28, 2010 citing various legal arguments for denying reimbursement and alleging that I had said I "...had certain conflicts of interests or other issues". Attached is a copy of my email of October 10, 2010 questioning the basis on which he made that claim. To date I have not received a response from him regarding this allegation.

Since the release of The Ventura County District Attorney's Report on the Public Integrity Investigation of Oxnard City Officials in April 18, 2012, I have approached Mr. Holmberg on the matter of reimbursement in both written and verbal instances. I have only received quips (i.e. "Well, I don't know if I going to pay you.") and other evasive remarks. I have submitted several invoices to Mr. Holmberg's Office over the last year, which have been met without response or acknowledgement.



CLAIM FOR DAMAGES TO PERSON OR PROPERTY

CHRISTINA AERENLUND

ATTACHMENT

State the names of City employees allegedly causing the injury or damage:

Alan Holmberg and Various elected and appointed officials whose names appear on the Ventura County District Attorney Report on the Public Integrity Investigation of Oxnard City Officials and later investigated and fined by the **California** Fair Political Practices Commission (FPPC)

State the indebtedness, obligation, injury, damage, or loss allegedly resulting from this event:

As of April 15, 2013 - \$7265

(\$5000 plus interest accrual beginning October 1, 2010 [30 days after submitting for reimbursement] at a rate of 14.7% [minimum interest rate for credit card loan in 2010] compounding daily)

State the amount claimant claims of each item injury, damage, or loss, including prospective injury, damage, or loss as of the date of presentation of this claim giving basis for computation.

As of April 15, 2013 - \$7265

(\$5000 plus interest accrual beginning October 1, 2010 [30 days after submitting for reimbursement] at a rate of 14.7% [minimum interest rate for credit card loan in 2010] compounding daily)

List all of claimants expenditures made on account of the injury, damage or loss, with date received and description of each item

As of April 15, 2013 - \$7265

(\$5000 plus interest accrual beginning October 1, 2010 [30 days after submitting for reimbursement] at a rate of 14.7% [minimum interest rate for credit card loan in 2010] compounding daily)




EDMUND F. SOTELO
City Manager

CITY OF OXNARD
CITY MANAGER'S OFFICE

Communication / Public Information Office
300 West Third Street • Oxnard, CA 93050 • (805) 385-7593 • Fax (805) 385-7453

Thursday, September 23, 2010

TO: Alan Holmberg, City Attorney

FROM: Christina Aerenlund, Public Information Officer 

RE: **Reimbursement of Legal Fees – Grand Jury Subpoena**

Alan,

I am attaching the receipt from Donald Etra Law Offices in the amount of \$5000.00 (Five Thousand Dollars and 00/100) for reimbursement.

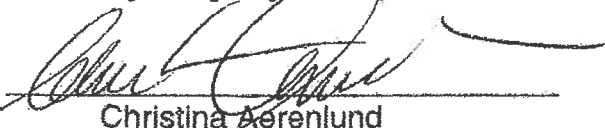
Mr. Etra attempted to contact you several times prior to September 1, 2010 to discuss his services and negotiate fees. Having had no return call from you office on the matter, it became urgent that I retain Mr. Etra using my own funds. This sum represents a hardship which I can ill afford and I will appreciate you process this reimbursement without delay.

This request for reimbursement is being submitted under California Labor Code – Section 2802;

a) An employer shall indemnify his or her employee for all necessary expenditures or losses incurred by the employee in direct consequence of the discharge of his or her duties, or of his or her obedience to the directions of the employer, even though unlawful, unless the employee, at the time of obeying the directions, believed them to be unlawful.

(b) All awards made by a court or by the Division of Labor Standards Enforcement for reimbursement of necessary expenditures under this section shall carry interest at the same rate as judgments in civil actions. Interest shall accrue from the date on which the employee incurred the necessary expenditure or loss.

(c) For purposes of this section, the term "necessary expenditures or losses" shall include all reasonable costs, including, but not limited to, attorney's fees incurred by the employee enforcing the rights granted by this section.


Christina Aerenlund

Encl. Copy of receipt from Donald Etra Law Offices
Copy of Cashier's Check No. 430553740 to Donald Etra for \$5000.00

M
E
M
O

DONALD ETRA

LAW OFFICES

2029 CENTURY PARK EAST
SUITE 1040
LOS ANGELES, CALIFORNIA 90067
TELEPHONE (310) 284-2040
FACSIMILE (310) 284-2048
etralaw@aol.com

Receipt
September 1, 2010

Re: Grand Jury Subpoena for Christina Aerenlund issued by the Ventura County District Attorney's Office for the investigation of the City of Oxnard

Received: \$5,000

Thank you.



Donald Etra

Bank of America

Cashier's Check

No. [REDACTED]

Notice to Purchaser - In the event this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

Date

SEPTEMBER 01, 2010

NCA

Banking
Center

PORT HURON

CHRISTINA AERENLUND
Remitter (Purchased By)

\$ **5000.00**

Pay **FIVE THOUSAND DOLLARS AND 00 CENTS**

To
The
Order
Of
DONALD ETRA

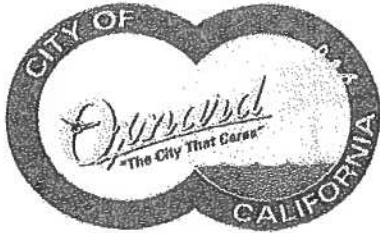
Non-Negotiable

Authorized Signature

Customer Copy
Retain For Your Records

Bank of America, N.A.
San Francisco, CA

VOID AFTER 90 DAYS



CITY OF EMERYVILLE

CONFIDENTIAL COMMUNICATION

2013 APR 15 P 1:21

September 28, 2010

TO: Christina Aerenlund
FROM: Alan Holmberg, City Attorney *PH*
SUBJECT: Attorney's Fees/DA Investigation

I have received your request for reimbursement for attorney's fees incurred by you in connection with the retention of attorney Donald Etra to represent you in connection with the Grand Jury investigation.

I spoke with you when you first were subpoenaed to appear several weeks ago. At that time, I informed you that the City had retained legal counsel who would represent persons called as witnesses to testify before the Grand Jury. You informed me that you did not feel that this representation would be adequate and that you had certain conflicts of interests or other issues which dictated to you that you must have independent representation.

The City has limited duties to indemnify employees who chose to retain legal counsel to represent them in legal proceedings. These duties are set out in Labor Code section 2802, and also in Government Code section 995.9.

The case of Grissom v. Vons Companies, Inc., (1991) 1 Cal.App.4th 52, 1 Cal.Rptr.2d 808, elucidates some of the factors relevant in determining a request under section 2802.

Both, under Labor Code section 2802 and Government Code section 995.9, the City must evaluate certain factors, including whether your conduct was in the "scope of the employment", whether it was necessary and reasonable, whether it was pursuant to directives of the employer and so forth.

At this time, the City is not permitted to discuss with you what testimony you gave at the Grand Jury. The City cannot determine, whether, even in the first instance, the factors which permit reimbursement are present.

Accordingly, at this time, I, on behalf of the City, cannot grant your request. It may be that the request cannot be considered until the District Attorney's investigation has concluded.

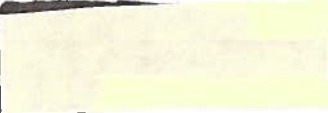
Christina Aerenlund
Claim for Damages - Christina Aerenlund

Christina Aerenlund
September 28, 2010
Page 2

On a personal level, I am sorry that this decision has to be made; however, I do not believe that the City possesses the factual information necessary to make the determinations which have to be made.

AH:rs

CHRISTINA AERENLUND



2013 APR 15 P 1:21

ADVANCE

DATE	LOAN NO.
11/6/2012	

BORROWER

Alan Holmberg, City Attorney
City of Oxnard
300 W. Third Street, 3rd Floor
Oxnard, CA 93030

DUE DATE

12/6/2012

ITEM	DESCRIPTION	AMOUNT
Attorney Fees	Representation appearance before Grand Jury regarding DA's investigation of City of Oxnard	5,000.00
Interest	14.7 % APR - Accrued Daily - 9/01/2010 - 8/31/2011	791.55
Interest	14.7 % APR - Accrued Daily - 9/01/2011-8-31/2012	916.81
Interest	14.7 % APR - Accrued Daily -9/01/-2012-9/30/2012	81.52
Interest	14.7 % APR - Accrued Daily - 10/01/201-10/31/2012	85.28
Total		6,875.16

Claim for Damages - Christina Aerenlund

Attachment Page 7 of 8

CHRISTINA AERENLUND

ORNIA

ADVANCE

DATE	LOAN NO.
12/6/2012	

BORROWER

Alan Holmberg, City Attorney
City of Oxnard
300 W. Third Street, 3rd Floor
Oxnard, CA 93030

DUE DATE

12/6/2012

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Interest	14.7 % APR - Accrued Daily -9/01/-2012-9/30/2012	81.52
Interest	14.7 % APR - Accrued Daily - 10/01/201-10/31/2012	85.28
Interest	14.7 % APR - Accrued Daily - 11/01/12-11/30/12	83.51
Total		6,958.67

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Oxnard, CA 93030

**CLAIM FOR DAMAGES
TO PERSON OR PROPERTY
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FILING STAMP

CITY OF OXNARD
CLERK

2013 APR 16 P 4:14

INSTRUCTIONS

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- Diagram the scene of an event on page 2.
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- The City Clerk office staff cannot assist in completing this form.

Name of Claimant:

Karen R. Burnham

Date of Birth:

Home Address of Claimant:

City, State & Zip Code

Home Telephone Number:

Business Address of Claimant:

City, State & Zip Code

Business Telephone Number:

300 W. 3rd St.

OXNARD, CA 93030

☒ I prefer that the claims adjuster communicate with me in Spanish

State the address to which you desire notices or communications to be sent regarding this claim (if different than above):

State when, where and how the damage or injury which gives rise to this claim occurred:

DATE: 8-2010 - Present

TIME: N/A

LOCATION: N/A

CIRCUMSTANCES: District attorney investigation of the City of Oxnard

Describe the particular act or omission by the City or any of its employees which you allege caused the injury or damage:

Did not provide legal representation to me as part of the DA's investigation of the City of Oxnard in my role as Assistant City Manager / Interim City Manager.

State the names of City employees allegedly causing the injury or damage:

City attorney. City attorney stated to me that legal expenses could not be considered until the conclusion of the investigation.

State the indebtedness, obligation, injury, damage, or loss allegedly resulting from this event:

State the amount claimant claims on account of each item of injury, damage, or loss, including prospective injury, damage, or loss as of the date of presentation of this claim, giving the basis of computation:

\$64,217.29

List all insurance payments received by claimant, and the name of any insurance company making a payment:

NONE

List all of claimant's expenditures made on account of the injury, damage or loss, with date received and description of each item:

Paid to date \$28,696.75 \$ outstanding amount owed \$5,520.54

State the name(s) and address(es) of witnesses and medical providers:

N/A

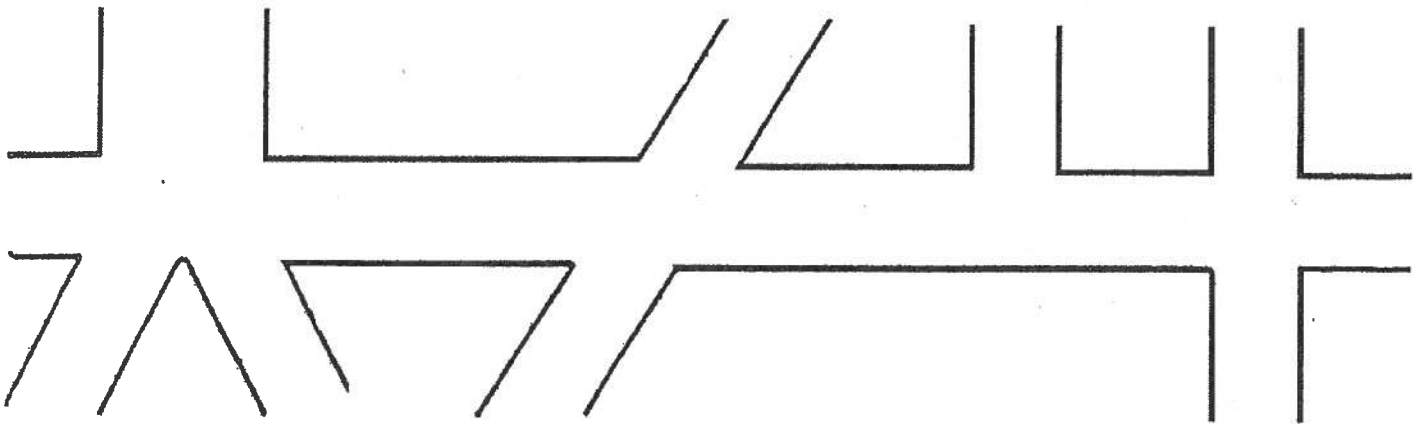
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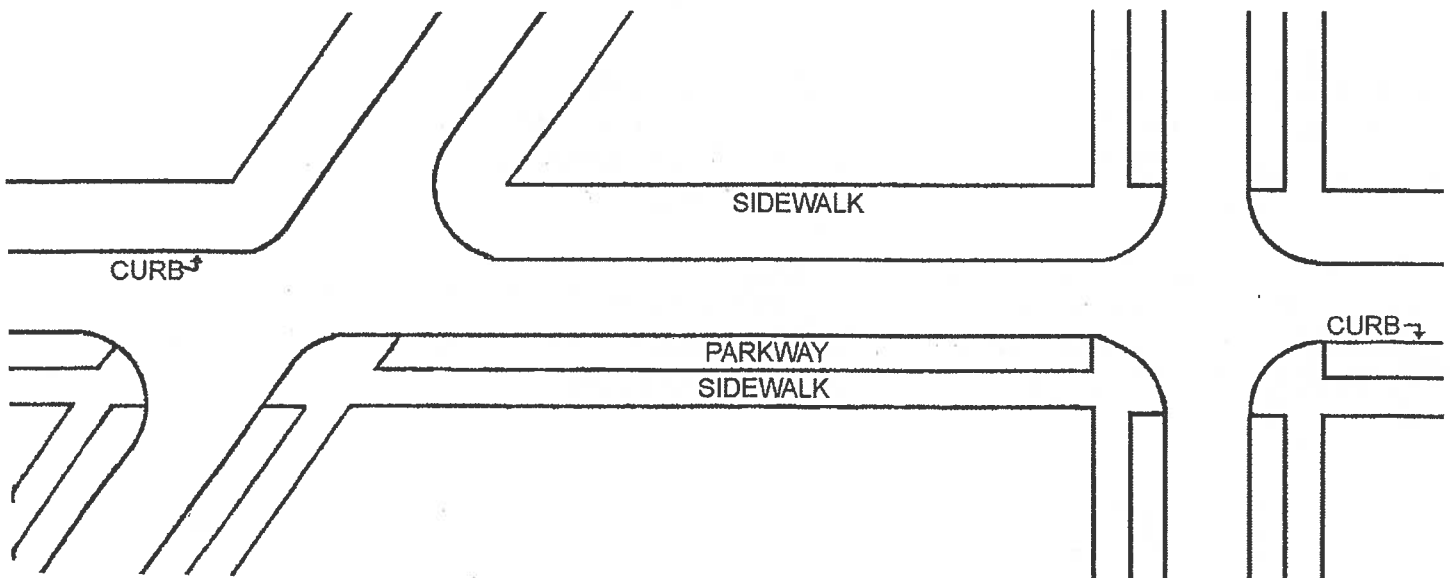
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NOTE: If the diagrams below are not appropriate to describe the incident, please attach a diagram signed by the claimant.

EVENTS INVOLVING MOTOR VEHICLES



OTHER EVENTS



Signature of claimant or person filing on claimant's behalf:

Karen R. Burnham

Print or type name of person signing this claim:

Karen R. Burnham

Date:

4-16-13

Relationship to claimant: